



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

**Work Order ID 94088**

\*94088\*

Page 2

November-30-12 8:37:48 AM

**Item ID:** D3136-043

Accepted

\*N900040100\*

Set

## Up Start

\*NS1\*

**Revision ID:**

**Item Name:** Window Assembly

**Start Date:** 11/30/12      **Start Qty:** 2.00

\*2\*

**Cust Item ID**

**Required Date:** 12/07/12      **Req'd Qty:** 2.00

一〇六

**Customer:**

#### **Reference:**

### Approvals:      Process Plan:

Date:

Tooling

Dates

R1

Star

\*NP1\*

QG:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: Date:

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS					
		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									
FAULT CATEGORY									
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions					
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other					

**Work Order ID 94088****\*94088\***

Page 3

November-30-12 8:37:48 AM

Item ID: D3136-043

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Item Name: Window Assembly

Stop

**\*NS2\***

Start Date: 11/30/12 Start Qty: 2.00

**\*2\***

Cust Item ID:

Required Date: 12/07/12 Req'd Qty: 2.00

**\*2\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

150

**\*150\***

QC

Quality Control

QC2- Inspect parts off machine FAI/FAIB

0.00

(2)

3012/12/19

170

**\*170\***

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Shb  
12/12/19  
DAS  
16  
12/12/19

2

180

**\*180\***

Packaging

Packaging

Identify as per dwg &amp; Stock Location: ST 216

0.00

216  
ST 216

S 12/12/20

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS									
		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>							
		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>							
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>							
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
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**Work Order ID 94088**

November-30-12 8:37:48 AM

**\*94088\***

Page 4

**Item ID:** D3136-043

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

**Revision ID:**

**Item Name:** Window Assembly

Stop

**\*NS2\***

**Start Date:** 11/30/12    **Start Qty:** 2.00

**\*2\***

**Cust Item ID:**

**Required Date:** 12/07/12    **Req'd Qty:** 2.00

**\*2\***

**Customer:**

**Reference:**

**Approvals:**

**Process Plan:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tooling:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Run

Start

**\*NR1\***

**QC:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SPC (Y/N):** \_\_\_\_\_

**Date:** \_\_\_\_\_

Stop

**\*NR2\***

**Sequence ID/  
Work Center ID**

**Operation  
Description**

**Set Up/  
Run Hours**

**Tool ID**

**Tool #**

**Plan  
Code**

**Accept  
Qty**

**Reject  
Qty**

**Reject  
Number**

**Insp.  
Stamp**

190

**\*190\***

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

**Memo**

0.00

13/1/10 JJ

MF

12-12-21

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS					
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
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				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						

# Picklist Print

November-30-12 8:37:48 AM

Page 1

Work Order ID: 94088

Parent Item: D3136-043

Parent Item Name: Window Assembly

Start Date: 11/30/12

Required Date: 12/07/12

Start Qty: 2.00

Required Qty: 2.00

Comments: IPP Rev:A04.02.04New issueKJ/DS

IPP Rev.B 07.05.29 Thermoform in-house DL

IPP rev C 07.09.28 Rev E dwg EC verified by:DD IPP Rev:D 10.06.24 added note in qc5  
seq 170 DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3108-9 Decal		Manufactured	No			100	Each	538.0000	2	4	3	12/12/12	19
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST026		538							
				34554		38							
				46546		500							
MACRLICS.125 1/8" Polycast II Sheet		Purchased	No			170	sf	180.1490	3.9	7.8	8	12/12-16	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MAT019		180.149							
				110633		3							
				117324		0.2467							
				117431		10.7967							
				119591		15.16							
				121850		44.5456							
				123704		106.4				123704			

NCR: Yes / No

DQA: Date:

## **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

DART AEROSPACE LTD	Work Order:	94088
Description: Window Assembly	Part Number:	D3136-043
Inspection Dwg: D3136      Rev: E		Page 1 of 1

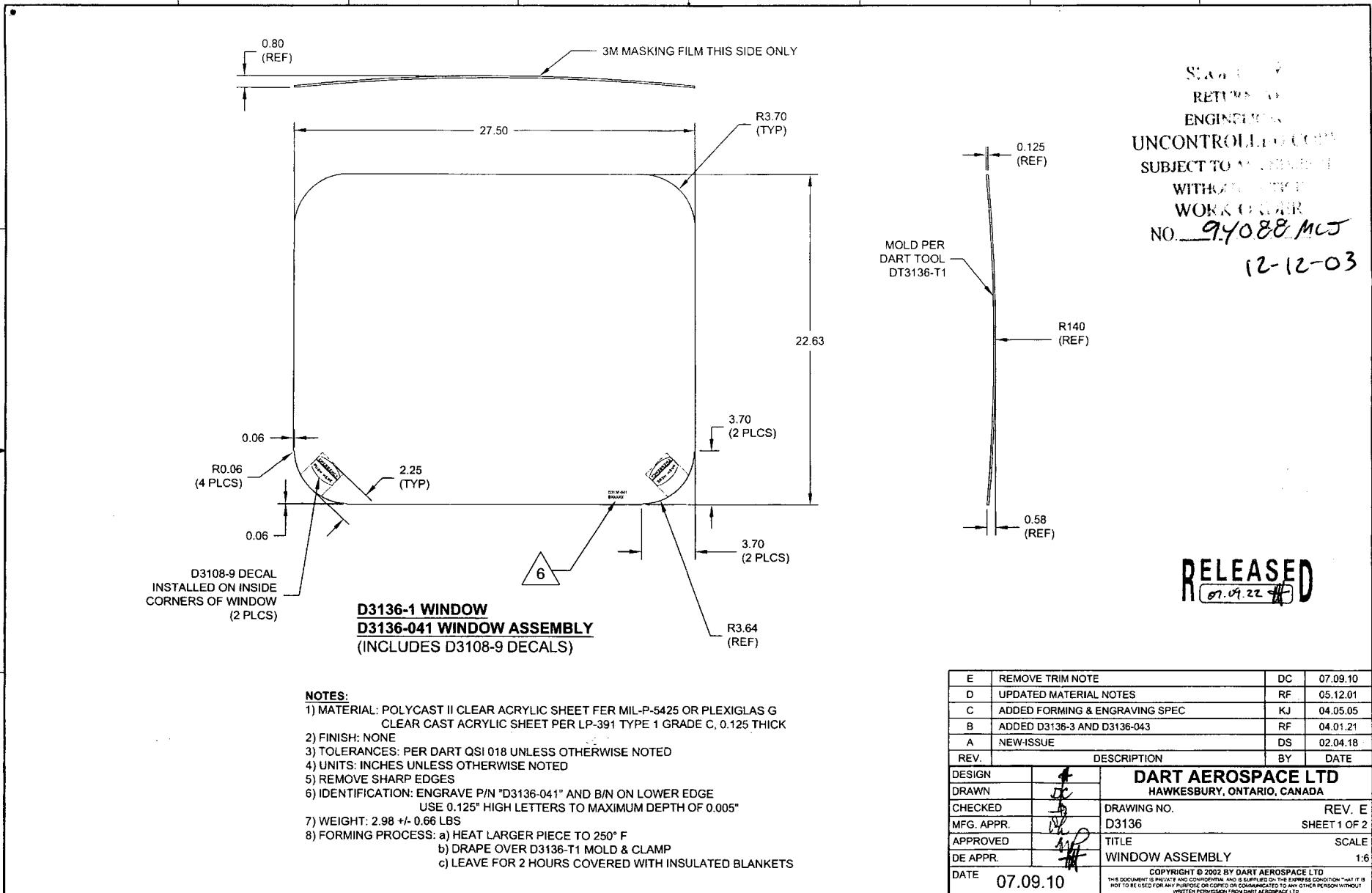
# FIRST ARTICLE INSPECTION CHECKLIST

## X First Article      Prototype

69

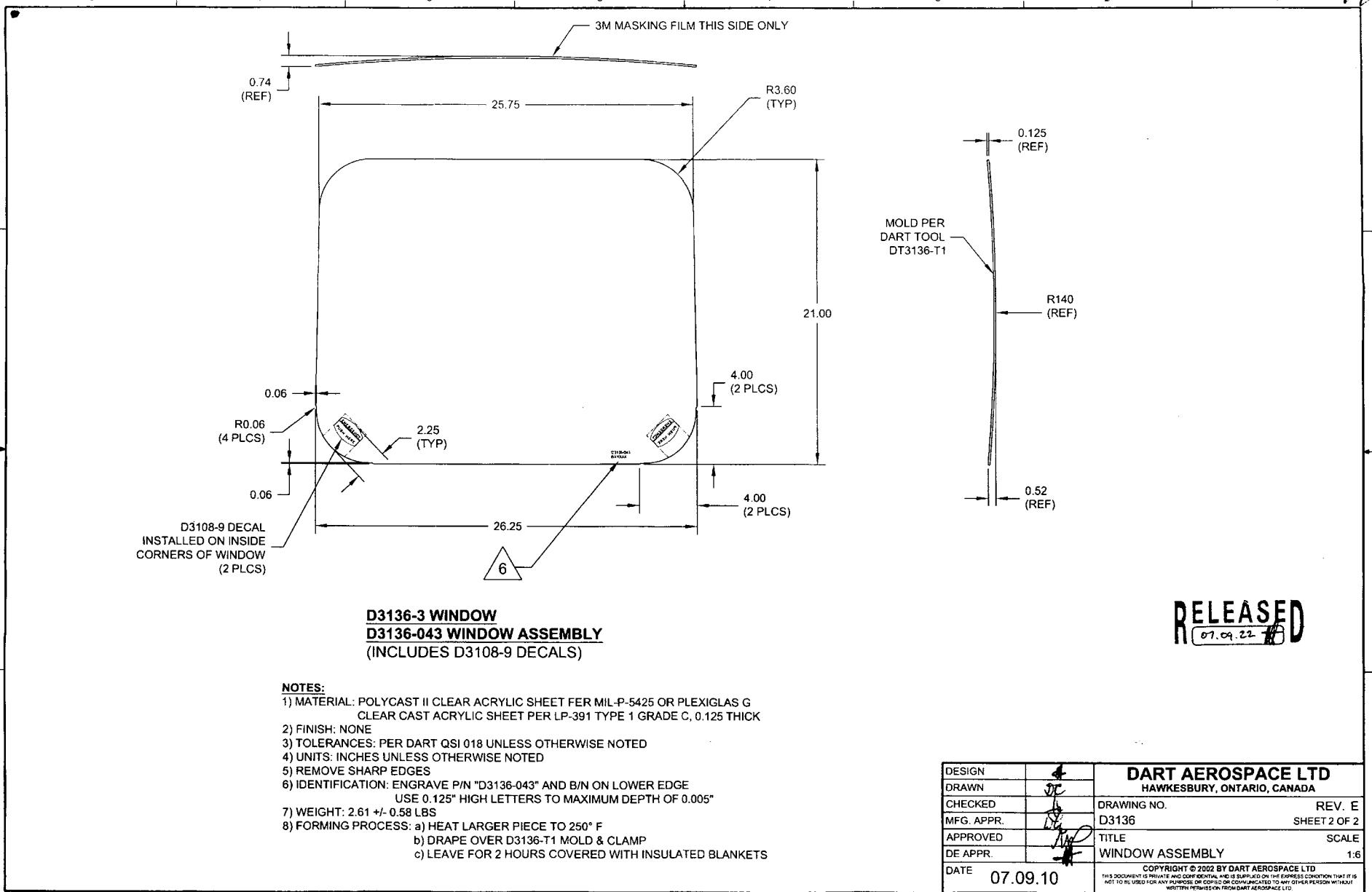
Measured by: B	Audited by: BB SCS	Prototype Approval:	N/A
Date: 12-12-18	Date: 12/12/18	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	07.10.19	New Issue	KJ/EC/DD	



E	REMOVE TRIM NOTE	DC	07.09.10
D	UPDATED MATERIAL NOTES	RF	05.12.01
C	ADDED FORMING & ENGRAVING SPEC	KJ	04.05.05
B	ADDED D3136-3 AND D3136-043	RF	04.01.21
A	NEW ISSUE	DS	02.04.18
REV.	DESCRIPTION	BY	DATE
DESIGN	<i>f</i>	DART AEROSPACE LTD	
DRAWN	<i>dc</i>	HAWKESBURY, ONTARIO, CANADA	
CHECKED	<i>jk</i>	DRAWING NO.	REV. E
MFG. APPR.	<i>lv</i>	D3136	SHEET 1 OF 2
APPROVED	<i>lv</i>	TITLE	SCALE
DE APPR.	<i>lv</i>	WINDOW ASSEMBLY	1:6
DATE	07.09.10	COPYRIGHT © 2002 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY OTHER PURPOSE OR SHOWN TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	

9Y088

RELEASED  
07.09.22